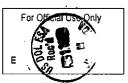
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U - 55/5		2. Fiscal Year Covered From.
		1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing	J.	4. Name, file number, and acdress of labor organization.
Name Larry	Farmer	Name I.B.E.W., Local Union 558
		Labor Organization File Number 207369
P.O. Box, Bldg., Room No., if any	P. O. Box 2683	P.O. Box, Building and Room Number, if any p. O. Box 578
Street		Street 3325 N. Jac (son Highway
City Muscle Shoals		City Sheffield
State Alabama	ZIP Code + 4 35662-2683	State Alabama ZIP Code + 4 35660-0578
5. Position in labor organization.	nion Trustee	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the Instructions):

A. Held an interest in, engaged in transactions (monetary value from an employer whose emp	(including loans) with, or coloyees your organization	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade na	ame, if any).	7.a. Nature of Interest, Transaction, or Income,
Name		N/A
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
		7.b. Amount.
Street		
City		
State ZIP C	ode + 4	

Signature

15. Signature and verification. The undersigned ceclares, under penalty of Perjury and other applicable panalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instruct ons.)

Signed	Lavy	Farmer	On	08/04/2005	256-383-2279
				Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Southern Electrical Retirement Fund a. Labor Organizat on Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 3928 Volunteer Drive Chattanooga State Tennessee ZIP Code + 4 37416-3817 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. 2004 Travel Expenses to attend Trustee Board Meeting Name Southern Electrical Retirement Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3928 Volunteer Drive 11.b. Approximate dollar value of such dealing. \$262 Chattanooga 12.a. Nature of interest held or income received. Reimbursed Expenses ZIP Code + 4 37416-3817 State Tennessee 12.b. Amount. \$262

 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 		14.a. Nature of payment. N/A		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.		